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CONFIRMATION NO. 6953

<b>SERIAL NUMBER</b> 10/519,772	<b>FILING OR 371(c) DATE</b> 12/24/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Ernst Fuchs, Thalwil, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE03/01284 04/16/2003 <i>OK Ad</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 28 692.2 06/27/2002 <i>OK Ad</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Amir K. Kene</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Edwin D Schindler Five Hirsch Avenue PO Box 966 Coram ,NY 11727-0966				
<b>TITLE</b> Surgical instrument				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	